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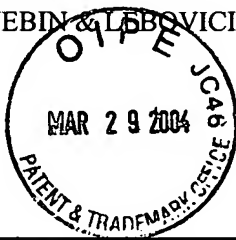
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207 7590 01/02/2004

WEINGARTEN, SCHURGIN, GAGNEBIN & LBOVICI
LLP
TEN POST OFFICE SQUARE
BOSTON, MA 02109



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Adina Davis	(Depositor's name)
<i>Adina Davis</i>	(Signature)
March 26, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/099,870	03/14/2002	Otto Cornelius Jonkers	VER-156XX	4461
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TITLE OF INVENTION: INSPECTION SYSTEM FOR PROCESS DEVICES FOR TREATING SUBSTRATES, SENSOR INTENDED FOR SUCH INSPECTION SYSTEM, AND METHOD FOR INSPECTING PROCESS DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MALSAWMA, LALRINFAMKIM HMAR	2825	438-014000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Weingarten, Schurgin,
Gagnebin & Lebovici LLP
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ASM INTERNATIONAL, N.V.

BC Bilthoven, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-0804 (enclose an extra copy of this form).

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(Authorized Signature) *[Signature]* (Date) 3-26-4

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03/30/2004 EFLORES1 00000040 10099870

01 FC:1501	1330.00 OP
02 FC:1504	300.00 OP
03 FC:8001	30.00 OP

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